

In re MICHAEL B SARACENO JR
DebtorCase No. 13-18784

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: APR 2019

Date filed: _____

Line of Business: RENTALS

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

Ralph Saraceno Jr

Original Signature of Responsible Party

MICHAEL B SARACENO Jr

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. DID YOU PAY YOUR EMPLOYEES ON TIME? | <input type="checkbox"/> | <input type="checkbox"/> n/a |
| 4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?

15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?

16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?

17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?

18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL INCOME \$ 12,437.00

SUMMARY OF CASH ON HAND

| | |
|--------------------------------|-------------------|
| Cash on Hand at Start of Month | \$ <u>6634.00</u> |
| Cash on Hand at End of Month | \$ <u></u> |

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 19,071.00

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL EXPENSES \$ 19,128.00

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH *(TOTAL FROM EXHIBIT B)*

\$ 19,071

EXPENSES FOR THE MONTH *(TOTAL FROM EXHIBIT C)*

\$ 19,128

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH

\$ -57

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ 0

(*Exhibit D*)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

EDDIE VACA SQUES 1725
LUBINA CALLOWAY 1450

TOTAL RECEIVABLES \$ 3175

(*Exhibit E*)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(*Exhibit F*)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?

0
0

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 0

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 13,650.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 0

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 0

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

| | Projected | Actual | Difference |
|-------------|-----------|----------|------------|
| INCOME | \$ _____ | \$ _____ | \$ _____ |
| EXPENSES | \$ _____ | \$ _____ | \$ _____ |
| CASH PROFIT | \$ _____ | \$ _____ | \$ _____ |

| | |
|---|---------------------|
| TOTAL PROJECTED INCOME FOR THE NEXT MONTH: | \$ <u>12,000.00</u> |
| TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH: | \$ <u>11,000.00</u> |
| TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH: | \$ <u>1,000.00</u> |

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.



April 16, 2019

31 T 0474 0000 R 52 AO

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

Questions about your account?
1-800-KEY2YOU (1-800-539-2968)

Or, write us:
KeyBank National Association
P.O. Box 94825
Cleveland, Ohio 44101

Get less mail and enroll in Online Statements today!



Key Express Checking

Account number: 7806214453

Account title: MICHAEL B SARACENO JR
DEBTOR IN POSSESSION

| | |
|-------------------------|------------|
| Balance on Mar 18, 2019 | \$9,170.83 |
| Additions | |
| Deposits | 12,437.60 |
| Deductions | |
| Withdrawals | 18,499.21 |
| Checks paid | 629.12 |
| Balance on Apr 16, 2019 | \$2,480.10 |



KeyNotes

Important information regarding changes to your Account

At KeyBank we strive to provide our clients with timely information regarding changes to your account. Please note the following changes will be made to your checking account effective June 14, 2019. These changes will be reflected in your June 2019 statement. Please contact your KeyBank representative with any questions.

Overdraft Protection Plans

KeyBank will no longer assess a fee for an overdraft protection plan transfer from a KeyBank Savings Account.

Overdraft Item (OD) and Return Item (NSF) charges

We assess these fees based on the number of times OD/NSF items have occurred in the current period plus the previous 11 statement periods.

April 16, 2019



KeyNotes (continued)

Overdraft (OD) and Return Item (NSF) Fee will be:

Tier 1: \$33.00 First 2

Tier 2: \$38.50 3 and above

Please read and retain this information with all of your Account opening Agreements and Disclosures

Deposits

| Date | Description | Amount |
|--------------|---|--------------------|
| 3-19 | Internet Trf Fr DDA 0000007803877955 3290 | \$1,725.00 |
| 3-20 | Deposit Branch 0474 Pennsylvania | 650.00 |
| 3-25 | Deposit Branch 0474 Pennsylvania | 375.00 |
| 3-27 | Deposit Branch 0474 Pennsylvania | 678.00 |
| 4-1 | Deposit Branch 0474 Pennsylvania | 1,392.00 |
| 4-2 | Direct Deposit, Aha Hap Pmt | 626.00 |
| 4-5 | Deposit Branch 0474 Pennsylvania | 1,315.00 |
| 4-8 | Deposit Branch 0474 Pennsylvania | 1,750.00 |
| 4-10 | Direct Deposit, Ssa Treas 310 Xxsoc Sec | 1,926.60 |
| 4-15 | Deposit Branch 0474 Pennsylvania | 1,500.00 |
| 4-16 | Deposit Branch 0474 Pennsylvania | 500.00 |
| Total | | \$12,437.60 |

Withdrawals

| Date | Description | Amount |
|--------------|---|--------------------|
| 3-22 | Withdrawal Branch 0474 Pennsylvania | \$8,100.00 |
| 4-8 | Bill Pay:Pennsylvania Power 906956 Fb8Cgr9U | 112.34 |
| 4-8 | Bill Pay:Pennsylvania Power 249601 Gbucgr9U | 141.50 |
| 4-8 | Bill Pay:Ugi Utilities, Inc 514812 6B7C6R9U | 231.82 |
| 4-8 | Bill Pay:Ugi Utilities, Inc 514812 Gbvc6R9U | 325.72 |
| 4-9 | Direct Withdrawal, Aetna Life Insurins Pymt | 162.83 |
| 4-15 | Withdrawal Branch 0474 Pennsylvania | 9,425.00 |
| Total | | \$18,499.21 |

Checks paid

** Indicates a break in numeric sequence*

| Number | Date | Trace ID | Amount | Number | Date | Trace ID | Amount | | | |
|--------|------|----------|---------|--------------|------|----------|-----------------|--|--|--|
| 461 | 4-5 | 65877258 | \$26.82 | 464 | 4-1 | 65238499 | 416.89 | | | |
| 462 | 3-28 | 65017797 | 166.75 | * 466 | 4-8 | 61235287 | 8.66 | | | |
| 463 | 3-29 | 65142752 | 10.00 | Total | | | | | | |
| | | | | | | | \$629.12 | | | |

19125.



Member FDIC

000007806214453-03290

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